

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ann Marie Schmidt, et al.

Serial No. : 09/851,071 Examiner: S. Kaushal

Filed : May 8, 2001 Group Art Unit: 1636

For : A Method For Inhibiting Tumor Invasion Or Spreading

In A Subject

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: September 9, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	8 -	* 22 =	*** 0 X	\$25	\$50	=	0	
Independent Claims	1 -	** 3 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$ 0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s): Ann Marie Schmidt, et al.
Serial No. : 09/851,071
Filed : May 8, 2001
Amendment Transmittal Letter
Page 2

The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
☒ Return Receipt Postcard
_____ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes _____ No _____
and a fee of \$ _____ included)
_____ A Petition for an Extension of Time, including a fee of
\$ _____ for a Petition for _____ Month(s) Extension of Time
☒ Other (identify): Request for Continued Examination (RCE)

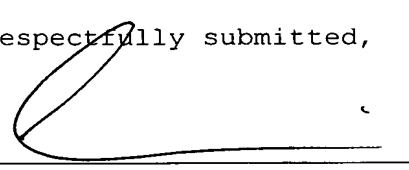
THE TOTAL FEE DUE IS \$ 395.00.

- ☒ A check in the amount of \$ 395.00 is enclosed.
_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

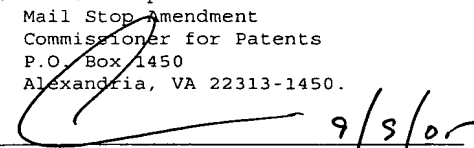
- ☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
_____ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
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Alexandria, VA 22313-1450.



Alan J. Morrison
Reg. No. 37,399

9/5/01
Date